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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/834,747	04/13/2001	Hal Sternberg	BIOT008

CONFIRMATION NO. 4271

FORMALITIES LETTER



OC000000006153784

Bret E. Field
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Suite 200
200 Middlefield Road
Menlo Park, CA 94025

Date Mailed: 06/06/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- Total additional claim fee(s) for this application is \$90.
 - \$90 for 5 total claims over 20.
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 930.

07/26/2001 TV0111 00000002 500815 09834747

01 FC:103 90.00 CH

*A copy of this notice **MUST** be returned with the reply.*

06/20/2001 GTEFFERA 00000036 500815 09834747

01 FC:101	710.00 CH
02 FC:105	130.00 CH

Customer Service Center

Initial Patent Examination Division (703) 308-1202

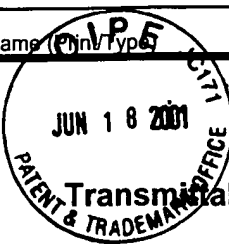
PART 2 - COPY TO BE RETURNED WITH RESPONSE

CERTIFICATE OF MAILING OR TRANSMISSION

Sector \$3

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on 06-13-2001 or facsimile transmitted to the U.S. Patent and Trademark Office attention B x Missing Parts fax number (301) 336-4700 on 06-13-2001

Name (Print Type) Donna Macedo Signature DMacedo Date 06-13-2001



Combined Transmittal and Fee Calculation Sheet

☐ Small Entity ☒ Large Entity

Application Number	09/834,747
Confirmation Number	4271
Filing Date	April 13, 2001
First Named Inventor	Hal Sternberg
Examiner	Unassigned
Group Art	1632
Attorney Docket No.	BIOT008

ENCLOSED:

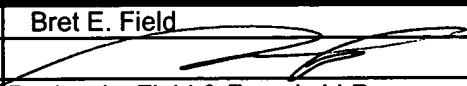
	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input type="checkbox"/> Amendment Under Rule	Total	25	20	5	18	\$ 90.00
<input type="checkbox"/> 37 CFR §	Independent	3	3	0	80	\$ -
<input type="checkbox"/> Pages	Multiple					
Total Extra Claim Fees						\$ 90.00

☐ Extension of time from _____ to _____ Fee _____

<input checked="" type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)			
<input checked="" type="checkbox"/> Filing Fee		Fee	\$ 710.00
<input checked="" type="checkbox"/> Executed Declaration	Pages <u>2</u>	Surcharge Fee	\$130.00
<input checked="" type="checkbox"/> Other	<u>Copy of Notice to File Missing Parts</u>	Fee	
	<u>Power of Attorney by Assignee</u>	Fee	
		Fee	
		Fee	
Subtotal			\$840.00

<input checked="" type="checkbox"/> Information Disclosure Statement			
<input checked="" type="checkbox"/> PTO Form 1449	Pages <u>3</u>	Fee	
<input checked="" type="checkbox"/> <u>30</u> Copies of Cited References		Fee	
<input type="checkbox"/> Other		Fee	
Subtotal			\$0.00

<input type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)			
<input type="checkbox"/> Sequence Listing Certification		Fee	
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages _____	Fee	
<input type="checkbox"/> Diskette in computer-readable format		Fee	
<input type="checkbox"/> Other		Fee	

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee _____
Subtotal		\$ -
<input type="checkbox"/> Issue Fee PTO 85B		Fee
<input type="checkbox"/> Advance copies _____		Fee
<input type="checkbox"/> Submission of Formal Drawings Transmittal with _____ sheets enclosed		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$930.00
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
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